



For Zone Use Only
ID # _____

**State of New York
Empire Zones Program**
APPLICATION FOR CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE

Please refer to instructions and answer all questions carefully and completely. It is strongly recommended that you consult with the local zone administrator when completing this application. Submit application directly to the local zone.

SECTION A: DESCRIPTION OF APPLICANT BUSINESS AND CONTACT INFORMATION

1. Name of Organization (use legal name): _____
Zone Address: _____
2. Primary Contact and Address* For Organization (provide address where official correspondence regarding participation in the zones program should be directed - after certification)
Name of Contact: _____
Street/P.O. Box: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____
3. Designated contact for applicant business* (see below): _____
Name of Company: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____
4. Nature of Business (check one): ☐ Retail ☐ Commercial/ Service ☐ Manufacturing ☐ Other _____
Type of good or service to be produced _____
NAICS: _____
5. Federal Employer Identification Number (FEIN)/Taxpayer Identification Number: _____
6. NYS Unemployment Insurance (UI) Registration Number: _____
7. Workers' Compensation Policy Number: _____
If no policy number, is the applicant self-insured? ☐ Yes ☐ No Insured by NYSIF: ☐ Yes ☐ No
Name of Carrier: _____
8. Disability Insurance Policy Number: _____
If no policy number, is the applicant self-insured? ☐ Yes ☐ No Insured by NYSIF: ☐ Yes ☐ No
Name of Carrier: _____
9. Is the applicant using an identification number of a professional employment organization (PEO) or common paymaster for unemployment? ☐ Yes ☐ No If Yes, complete and attach EZ-3.
10. Will any of the retained jobs or new jobs created be for leased employees? ☐ Yes ☐ No If Yes, complete and attach EZ-3.
11. Is there a predecessor company? (see instructions) ☐ Yes ☐ No If Yes, please provide,
Name of Company: _____ FEIN: _____

* A certified business must submit a Business Annual Report in order to maintain its certification. This report (and other official correspondence) should be directed to the address of the representative that will be responsible for ensuring compliance with program administrative requirements.

** The designated contact is the person with whom the local zone and officials from the Department of Economic Development will communicate regarding all questions and matters relating to the application for certification. If the designated contact of the applicant is a consultant, accountant, or other third party representative of the applicant, then the responsible officer of the applicant must provide a letter authorizing the representative to release information necessary for completion of the application to ESD. A completed power of attorney form may be attached in lieu of a letter. A completed power of attorney must be submitted if the third party representative is signing the application on behalf of the applicant.

12. Form of Organization (check one):

☐ Corporation ☐ Partnership ☐ S. Corporation ☐ LLC ☐ Non-Profit ☐ Proprietorship

13. Date of Formation or Incorporation (mm/dd/yyyy): _____

14. Is this business (check all that apply)

☐ Women-Owned ☐ Minority-Owned ☐ Existing Business ☐ New Business (see instructions for definition)

15. Period of which business taxable year is based ☐ Calendar year ☐ Fiscal year

If Fiscal Year, indicate period _____

SECTION B: CERTIFICATION HISTORY

16. Has this business previously applied for certification in any zone and been denied on any grounds? ☐ Yes ☐ No

17. Has this business previously received certification in any zone and been decertified? ☐ Yes ☐ No

If answered yes to either question 16 or 17, briefly summarize the reasons for the denial or decertification:

Explain how the situations for denial or decertification have been resolved:

SECTION C: NYS EMPLOYMENT AND ASSET INFORMATION

18. Average number of FTE employees in all NYS locations for each of the four years PRECEDING the year of certification, the year of certification and the current year: (Use the table provided in the Instructions to calculate average employment.)

| Year | Average Number of Jobs |
|-----------------------|------------------------|
| Year 4 Prior | |
| Year 3 Prior | |
| Year 2 Prior | |
| Year 1 Prior | |
| Year of Certification | |
| Current Year | |

19. Value of real and tangible personal property in all NYS locations for applicant's projected average typical year: \$_____

20. Annual wages and benefits in all NYS locations for applicant's projected average typical year: \$_____

SECTION D: EMPIRE ZONE LOCATION INFORMATION

21. Percentage of average annual total sales for this zone facility that are within:

_____ % Municipality _____ % County _____ % NYS _____ % Outside NYS

Annual average NYS receipts based on annual sales by the applicant within NYS \$ _____

22. Average number of FTE employees in all Empire Zone locations for each of the four years PRECEDING the year of certification, the year of certification and the current year:

| Year | Average Number of Jobs |
|-----------------------|------------------------|
| Year 4 Prior | |
| Year 3 Prior | |
| Year 2 Prior | |
| Year 1 Prior | |
| Year of Certification | |
| Current Year | |

23. Total number of FTE employees IN THIS ZONE ONLY as of the date the applicant signs the application: _____

24. Projected value of real and tangible personal property in all Empire Zone locations for applicant's projected average typical year: \$ _____

25. Annual wages and benefits in all Empire Zone locations for applicant's projected average typical year: \$ _____

SECTION E: PROJECTED INVESTMENTS OVER THE NEXT THREE YEARS IN THIS ZONE ONLY

26. Investments in real and tangible personal property in this Empire Zone over the next three years starting with the current year: Projections should only include investments that will be made after the date the application is signed.

| Type of Investment | Current Year | Year 2 | Year 3 | TOTAL |
|----------------------------------|--------------|--------|--------|-------|
| Land | \$ | \$ | \$ | \$ |
| Building Acquisition | \$ | \$ | \$ | \$ |
| Building Renovation | \$ | \$ | \$ | \$ |
| New Construction | \$ | \$ | \$ | \$ |
| Production Machinery & Equipment | \$ | \$ | \$ | \$ |
| Furniture, Fixture, Equipment | \$ | \$ | \$ | \$ |
| Other (please explain below) | \$ | \$ | \$ | \$ |

Total all investments: \$

Explanation for Other type of investment:

SECTION F: PROJECTED CUMULATIVE EMPLOYMENT AND ASSET INFORMATION IN THIS ZONE ONLY

Questions 27 through 30 pertain to new FTE employment at this Zone only

| Year | 27.Total No. of new FTE employees | 28. No. of new FTE employees indicated in question 27 – annual wages and benefits are \$40,000 or less | 29. Total annual wages and benefits for new FTE employees indicated in question 28 (i.e. \$40,000/yr or less) | 30. Total annual wages & benefits for all (existing and new) FTE employees in this zone per year |
|--------------|-----------------------------------|--|---|--|
| Current Year | | | \$ | \$ |
| Year 2 | | | \$ | \$ |
| Year 3 | | | \$ | \$ |

31. Date to begin hiring new jobs created after the applicant signs this application: _____

32. Will the applicant be moving operations and/or employees from another location in NYS that is not currently within the boundaries of an Empire Zone?

If yes, a shift resolution must be attached. See instructions. ☐ Yes ☐ No

33. If the applicant does not intend to create new positions, does the applicant intend to prevent a loss of jobs in the zone?

☐ Yes ☐ No ☐ N/A

34. Projected percentage of targeted workers to be hired: _____%

35. The applicant's projected average typical year NYS tax liability before tax credits for this zone location over the next three year period for each distinct base: (Please refer to the instructions)

NYS tax on entire net income (ENI) base \$ _____

NYS tax on capital base \$ _____

NYS tax on minimum taxable income (MTI) base \$ _____

NYS fixed dollar minimum tax \$ _____

36. Does the applicant own the property(ies)? ☐ Yes ☐ No

OR

Does the applicant have a lease specifying that the applicant will pay the property taxes to the taxing jurisdiction(s) for this zone location?

☐ Yes ☐ No

37. If answered yes to question 36, provide approximate average year real property taxes that the applicant will pay on the property(ies) for this zone location: \$ _____

38. Cost or other basis of any real property(ies) owned by the applicant on the property(ies) for this zone location: \$ _____

39. Purchase price, (i.e. acquisition cost), of the real property(ies) indicated in question 38: \$ _____

40. Percentage of the applicant's occupancy of the property(ies) indicated in question 38: _____%

41. Percentage of the cost or other basis of any real property(ies) indicated in question 38 that can be attributed to new construction, expansion, or rehabilitation: _____%

42. Projected annual purchases that are subject to State and local sales tax for this zone location (include services such as utilities):

\$ _____

SECTION G: Acknowledgments And Agreements By Authorized Representative of the Applicant Organization

As the responsible officer, (print or type name) _____ I hereby:

1. Acknowledge the company's obligation to provide 90-day written notice to the Commissioner of Economic Development, the local Empire Zone administrative entity, the local Empire Zone administrative board, the local Zone Capital Corporation, and the employees of the business enterprise of any intent to close or partially close a facility within the Zone. For the purposes of this agreement, "closing" means the permanent termination of the business facility's operation, and "partial closing" means the permanent termination of a portion of the business facility's operations that will immediately reduce the workforce by 50 employees or 50 percent over a one-year period, whichever is greater;
2. Agree to list for the purposes of recruitment all openings (exclusive of general executive offices) for jobs and training programs in the zone facility with the local job services office of the New York State Department of Labor, or demonstrate to the satisfaction of the Commissioner of Economic Development and the Commissioner of Labor what other comparable methods will be used to recruit targeted individuals for such openings;
3. Agree to submit an annual report to the local Empire Zone Administrator on a form to be prescribed by the Commissioner of Economic Development, including but not limited to, data on the extent to which the certified facility has met the projections set forth in this application and, if applicable, the reason it has not;
4. Authorize the Commissioner of Labor to disclose, to employees of both the New York State Departments of Labor and Economic Development, all records filed by the company in making Unemployment Insurance (U.I.) reports and contributions required by State Labor and Tax Law, including, but not limited to, all information contained in or relating to the quarterly combined withholding, wage reporting and U.I. returns, the registration for U.I., the New Hire file, and all records of U.I. delinquencies. In addition, this authorization shall include all information contained in any survey reports requested by the Department of Labor on behalf of the U.S. Department of Labor, Bureau of Labor Statistics including, but not limited to, the Current Employment, Occupational Employment, multiple worksite, and annual refiling surveys. The use of information and records released pursuant to this authorization shall be limited to government purposes concerning the certification of this company for Empire Zone benefits and incentives under General Municipal law Article 18B, monitoring compliance with Empire Zone program criteria, and reviewing the performance of Empire Zone programs; and
5. Certifies that this business enterprise, or its agent, has disclosed all violations during the three years preceding the submission of this application for certification, involving violations of the laws regulating unemployment insurance, workers' compensation, public work, child labor, employment of minorities and women, safety and health, labor standards, or other laws for the protection of workers or Environmental Conservation, and acknowledges that a failure to disclose this information or a failure to respond to the requests to completion, or updating, of the information requested herein, may result in a denial of certification.

Signature: _____ Title: _____ Date: _____

State of New York)
) ss:
County of _____)

On the _____ day of _____ (month) 20____ (year), before me personally appeared (name) _____ to me known, who being by me duly sworn, did depose and say that he/she resides at (address) _____ that he/she is the (title) _____ of (business entity) _____, the business entity described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by the authority granted by such business entity.

Notary Signature

NOTARY PUBLIC (Please affix stamp here)

Print Form